

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/913614

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5				1		
6				3		
7				4		
8			1			
9				1		
10				6		
11				6		
12			1			
13				1		
14				1		
15				3		
16				3		
17				3		
18				3		
19				1		
20				0		
21				0		
22				0		
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TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	54	←		←
TOTAL CLAIMS			57			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY